This form complies with the statutory requirement set forth in IC 5-2-15-3.

| Date: | 1-19-2007 | Address; | 0875 South St. Rd 9 |
|---|--|---|--|
| Case #: | 221/41758 | | Lagrange in 46761 |
| County; | <u>Lagrange</u> | | |
| Type of Laboratory Scizure (check one) Scizure | | Seizure Location (| check all that apply) |
| Chemic | onal Lab cal/Glassware/Equipment (only) ite (only) | ☐ Residence ☐ Outbuilding ☑ Vehicle | ☐ Hotel/Motel ☐ Open · No Structure ☐ Other: |
| (check all the Lithium | /Ammonia Reaction(s): <u>Several react</u> | | |
| | osphorous/Iodine Reaction(s): | | |
| | able Solvents: <u>Coleman Fuel</u> | | |
| Water Reactive Metal (Lithium): Exposed Lithium Metal | | | |
| Anhydr | ous Ammonia: <u>Ammon</u> iu <u>m Sulfate/ I</u> | <u>,ye</u> | |
| Mydrocl | bloric Acid Gas Generator(s): 20 oz. 1 | HCL Generators | |
| Corrosi | ve Acid: Sulfuric Acid | | |
| [] Corrosi | ve Base: | | |
| Other (i | tem and location): improvised cookwa | <u>re</u> | |
| Child under age 18 discovered (check one) Yes (number present) No *If yes, fax report to Child Protective Services | | Investigative Information ☐ Ephedrine/Pseudocphedrine Tracking Log ☐ Retail/Merchant Tip ☑ Other:Located in a disabled Veh | |
| This repor | t is to be faxed to the following agen | cies that serve the lo | cation: |
| Fire Department: <u>Lagrange Fire</u> Health Department: <u>Lagrange Health</u> Child Protection Service: | | Fax: 260-463-7306 Fax: 260-463-7835 Fax: | |
| For further i Investigatin | information regarding this methampho g Officer: <u>Tr</u> p <u>Rob Smith</u> Phor | tamine laboratory, co e <u>260-432-8661</u> | miact |
| ** This form is to be layed to the New Department Unelst Department of St. 2012. | | | |

orm is to be laxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.